

IN THE SPECIFICATION:

Please amend the specification on page 3, line 17, through page 4, line 7, as follows:

This method of mitral valve repair, generally termed "annuloplasty", effectively reduces mitral regurgitation in heart failure patients. This, in turn, reduces symptoms of heart failure, improves quality of life and increases ~~longevity~~ longevity. Unfortunately, however, the invasive nature of mitral valve surgery and the attendant risks render most heart failure patients poor surgical candidates. Thus, a less invasive means to increase leaflet coaptation and thereby reduce mitral regurgitation in heart failure patients would make this therapy available to a much greater percentage of patients.

Please amend the specification on page 16, line 14, to page 18, line 8 as follows:

Fixed to the distal end 52 of the body 50 is a wire 54 which extends through the body 50, with a proximal portion 56 thereof extending proximally from

body 50 (Fig. 3). The body 50 is provided with wire supporting portions 58, each of which defines a channel 60 (Fig. 4) for retaining the wire 54, but permitting the wire 54 to slide therethrough. Wire 54 is preferably positioned on one side of the longitudinal axis of body 50, and body 50 preferably includes a plurality of openings 55 helping to define a plurality of flexible bridges 56 57.

The body 50 may be provided with barbs 62 for engagement with tissue in the coronary sinus 30. When barbs 62 are used, the elongated body 50 should be housed in a guide catheter 64 (Fig. 4) which is removed once the body 50 is in place, to expose barbs 62.

As body 50 is inserted into coronary sinus 30, it will generally assume the shape of the coronary sinus, which is naturally curved in the region of the posterior leaflet of the mitral valve. Thereafter, wire 54 may be pushed or pulled, as desired, so as to alter the configuration of body 50. More specifically, by pushing the wire 54 in a distal direction, the body 50 is caused to reconfigure to a tighter arc around the mitral valve annulus 33, i.e., by bending on bridges 56 57 and enlarging openings 55. By pulling the wire 54

proximally, the body is caused to reconfigure to a more extended arc, or to assume a straight configuration, or even to assume an inverted configuration, by bending on bridges 56 57 and reducing openings 55. Either alteration of the configuration of body 50 in turn alters the configuration of the coronary sinus adjacent to the mitral valve, whereby to force the posterior annulus anteriorly and thereby improve leaflet coaptation and hence reduce mitral regurgitation.